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FEC FORM 3X

REPORT OF RECEIPTS

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1. NAME O	TEE (in full)	TYPE OR PRIN		Example: If typing, type over the lines.			15	G MAI	IL CENTER
VETER/	ANS FOR CO	NGRESS	1 1 1 1 1			<u> </u>	1_1_1_1		
		519 EAS	ST INTERSTAT	E 30		<u> </u>			
▼ Che	umber and street)	SUITE 3	SUITE 310						
repo	previously inted. (ACC)					TX	75087		5408
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲									
[C] 0	0563395		3. IS THIS REPORT	a xa	NEW (N) OR	A (A	MENDED		
4. TYPE (Choose	OF REPORT One)	(b) Monthly Report Due On:	Feb 20 (M2		May 20 (M5)		j 20 (M8)	Email ()	Nov 20 (M11) Non-Election Tear Only)
(a) Quarterly Reports:			Mar 20 (M3) []	Jun 20 (M6)	Sep	20 (M9)	(1	Dec 20 (M12) Non-Election Year Only)
	April 15 Quarterly Report ((Q1) (Q) 10	Apr 20 (M4)		Jul 20 (M7)	Benzil FG	20 (M10)		lan 31 (YE)
	July 15 Quarterly Report ((Q2) PR	Day E-Election port for the:	Primary (12f	F=-	General Special		Н	lunoff (12R)
	October 15 Quarterly Report ((Q3)	S zazá	- M - M - /	Part and the same of the same	~1~			
×	January 31 Year-End Report ((YE)	Election on	7	D W D /		i i	in the State of	
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	PO	Day ST-Election port for the:	General (300	G)	Runoff	(30R)	S	pecial (30S)
	Termination Report	rt	Election on	/ / / / / / / / / / / / / / / / / / /	040 /			in the State of	
5. Covering Period 10 01 2014 through 12 31 2014									
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.									
Type or Print Name of Treasurer MELISSA ANN ARTERBURN									
Signature of Treasurer Meluse ann Mukukurate 01 07 2015									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.									
Off								FORN ev. 12/200	•